



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
INSTRUCTIONAL TECHNOLOGY  
P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480

APPLICATION FOR TITLE IID eMINTS PROGRAM – YEAR 2

DUE MARCH 31

FOR DEPARTMENT USE

DATE PROJECT APPROVED	AMOUNT APPROVED	SIGNATURE
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PROJECT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

NAME OF SCHOOL DISTRICT	CLUSTER	COUNTY-DISTRICT CODE
CONTACT PERSON	WORK PHONE	PAGER NUMBER
EMAIL ADDRESS	SUMMER PHONE	FAX NUMBER
AUTHORIZED REPRESENTATIVE / TITLE	WORK PHONE	PAGER NUMBER
EMAIL ADDRESS	SUMMER PHONE	FAX NUMBER

SCHOOL BUILDING INFORMATION – YEAR 2 CONTACTS

SCHOOL BUILDING NAME	ADDRESS		
PRINCIPAL	WORK PHONE	PAGER NUMBER	
EMAIL ADDRESS	SUMMER PHONE	FAX NUMBER	
GRANT-FUNDED TEACHER #1	WORK PHONE	PAGER NUMBER	
EMAIL ADDRESS	SUMMER PHONE	FAX NUMBER	
GRADE LEVEL	ROOM NUMBER	ESTIMATED STUDENT ENROLLMENT (CLASS SIZE)	
GRANT-FUNDED TEACHER #2	WORK PHONE	PAGER NUMBER	
EMAIL ADDRESS	SUMMER PHONE	FAX NUMBER	
GRADE LEVEL	ROOM NUMBER	ESTIMATED STUDENT ENROLLMENT (CLASS SIZE)	
DISTRICT-FUNDED TEACHER #1	WORK PHONE	PAGER NUMBER	
EMAIL ADDRESS	SUMMER PHONE	FAX NUMBER	
GRADE LEVEL	ROOM NUMBER	ESTIMATED STUDENT ENROLLMENT (CLASS SIZE)	
DISTRICT-FUNDED TEACHER #2	WORK PHONE	PAGER NUMBER	
EMAIL ADDRESS	SUMMER PHONE	FAX NUMBER	
GRADE LEVEL	ROOM NUMBER	ESTIMATED STUDENT ENROLLMENT (CLASS SIZE)	

PARTICIPANT PROJECT ASSURANCES

For the eMINTS Program to succeed, participating schools must make significant contributions and commitment for **two years**. The district and participating school hereby assure DESE that, during Year 2 of the program, they will:

- Assign one administrator as district contact person to facilitate the participation of the teachers in the program.
- Agree to maintain the two students per student workstation ratio throughout the grant period.
- Fulfill all program professional development, implementation, and evaluation activities and requirements (including providing student data as requested by OSEDA).
- Provide participating teachers with the resources (stipend for out-of-contract time, mileage, lodging, and substitutes) necessary for successful participation in the program (75 hours of program training sessions outside the regular school day plus two days of release time for Year 2).
- Provide enough student computers to maintain at least one Internet-connected computer for every two students throughout Year 2.
- Provide the same level of equipment and support for district-supported classrooms, teachers, and students as specified for Title IID-supported classrooms, teachers, and students. The same equipment and support (stipends for out-of-contract time, mileage, lodging, and substitutes) must be provided by the district for additional teachers. (See the MOREnet Professional Development Program application materials for details. Districts are expected to cover costs of additional teachers to complete Year 2 training.)
- Successful participation requires that **ALL** enrollees attend **ALL** training sessions and **ALL** cluster meetings unless a valid excuse is presented.
- Agree to use training provided by the program in accordance with the intent of the eMINTS program and its provisions.
- Commit to continual enhancement of teacher training in the effective use of technology in the classroom.
- Abide by the DESE eMINTS Program guidelines.
- Allow classroom visits by college of education faculty, preservice teachers, and other appropriate Missouri educators.
- Comply with project assurances as detailed in the frequently asked questions (FAQ) section.

## APPLICATION FOR TITLE IID eMINTS YEAR 2 PROGRAM – Cover/Assurances, Page 2

### SPECIAL CONDITIONS

- School districts will be invoiced by MOREnet at the beginning of each school year for the costs of professional development for teachers included on this application. Payment must be received in full by October 15 of each school year.
- Quarterly reports of teacher attendance will be provided to the school district.
- Participating teachers will be provided with access to eThemes and may request searches at the eThemes site.
- Participating teachers will be provided access to MOREnet's cluster discussion list and the general eMINTS discussion list.
- Participants will be provided with meals and required materials for the training program.
- Participants will be provided with one email address per person and server space for a classroom website.
- In the event that terms and conditions in this application are in conflict with the terms and conditions of the DESE eMINTS program, the terms and conditions of this application will govern.

### SIGNATURES (Signatures are binding to their respective sections of participation in the eMINTS Program)

#### AUTHORIZED REPRESENTATIVE

NAME	SIGNATURE	DATE
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BUILDING PRINCIPAL

NAME	SIGNATURE	DATE
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eMINTS PROJECT CONTACT

NAME	SIGNATURE	DATE
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TECHNICAL CONTACT

NAME	SIGNATURE	DATE
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eMINTS TEACHER #1

NAME	SIGNATURE	DATE
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eMINTS TEACHER #2

NAME	SIGNATURE	DATE
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DISTRICT-FUNDED TEACHER #1

NAME	SIGNATURE	DATE
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DISTRICT-FUNDED TEACHER #2

NAME	SIGNATURE	DATE
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## APPLICATION FOR TITLE IID eMINTS YEAR 2 PROGRAM – Mid-Program Progress Report Narrative

The narrative section of the application should be developed on a word processor following the approved format and attached to the cover form. The narrative should respond to the following questions and include a budget explanation (see example in the Title IID eMINTS Year 2 Program Guidelines and Procedures).

1. Each eMINTS classroom teacher, building principal, and technology coordinator should address the following questions:
  - How has the equipment purchase and installation progressed to date?
  - How has the professional development program, including classroom visits, progressed to date?
  - What has been the greatest benefit of the program?
  - What has been the greatest challenge of the program?
2. The building principal should respond to the following:
  - What are the building and/or district plans and timeline for expanding the eMINTS Program to additional classrooms after the end of the grant period?



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**BUDGET GRID FOR TITLE IID eMINTS PROGRAM – YEAR 2**

**DUE MARCH 31**

FOR DEPARTMENT USE		
DATE PROJECT APPROVED	AMOUNT APPROVED	SIGNATURE

PROJECT INFORMATION (TO BE COMPLETED BY THE APPLICANT)		
NAME OF SCHOOL DISTRICT	CLUSTER	COUNTY-DISTRICT CODE
CONTACT PERSON	WORK PHONE NUMBER	
EMAIL ADDRESS	FAX NUMBER	

PROPOSED BUDGET (TO BE COMPLETED BY THE APPLICANT)							
	A	B	C	D	E	F	G
	6100 Salaries	6200 Employee Benefits	6300 Purchased Services	6400 Materials & Supplies	6500 Capital Outlay	District Match * 10%	TOTAL A+B+C+ D+E+F
Curriculum							
Instruction							
Differentiated Instruction							
Instructional Climate							
Library Media							
Guidance & Counseling							
Professional Development **							
Governance & Administration							
Facilities & Safety							
Support Services							
MATCH							

TOTALS						MATCH TOTAL	PROJECT TOTAL
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\* The total of Match (Column F) should be equal to the total of Match row.

\*\* 25% Must Be Spent on Technology Professional Development

PROJECT TOTAL	\$
MINUS MATCH TOTAL	\$ -
STATE REQUEST	\$

PROFESSIONAL DEVELOPMENT (Must equal or exceed 25% of Project Total)	\$
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**AMENDMENT FOR TITLE IID eMINTS PROGRAM – YEAR 2**

**FOR DEPARTMENT USE**

DATE PROJECT APPROVED	AMOUNT APPROVED	SIGNATURE
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**PROJECT INFORMATION (TO BE COMPLETED BY THE APPLICANT)**

NAME OF SCHOOL DISTRICT	CLUSTER	COUNTY-DISTRICT CODE
CONTACT PERSON	WORK PHONE NUMBER	
EMAIL ADDRESS	FAX NUMBER	

**PROPOSED BUDGET (TO BE COMPLETED BY THE APPLICANT)**

	A	B	C	D	E	F	G
	6100 Salaries	6200 Employee Benefits	6300 Purchased Services	6400 Materials & Supplies	6500 Capital Outlay	District Match (10%)	TOTAL A+B+C+ D+E+F
Curriculum							
Instruction							
Differentiated Instruction							
Instructional Climate							
Library Media							
Guidance & Counseling							
Professional Development 25%)							
Governance & Administration							
Facilities & Safety							
Support Services							
MATCH							

TOTALS						MATCH TOTAL	PROJECT TOTAL
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The total of Match (Column F) should be equal to the total of Match row.

PROJECT TOTAL	\$
MINUS MATCH TOTAL	\$ -
STATE REQUEST	\$

PROFESSIONAL DEVELOPMENT (Must equal or exceed 25% of Project Total)	\$
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SCHOOL COMMENTS – Explain reason(s) for Amendment
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**FINAL EXPENDITURE REPORT FOR TITLE IID eMINTS PROGRAM – YEAR 2**

**DUE MAY 15**

**FOR DEPARTMENT USE**

DATE FER APPROVED	AMOUNT APPROVED	SIGNATURE
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**PROJECT INFORMATION (TO BE COMPLETED BY THE APPLICANT)**

NAME OF SCHOOL DISTRICT	CLUSTER	COUNTY-DISTRICT CODE
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EMAIL ADDRESS	FAX NUMBER	

**PROJECT EVALUATION NARRATIVE (TO BE COMPLETED BY THE APPLICANT)**

DEVELOP ANSWERS FOR THE FOLLOWING USING A WORD PROCESSOR.

1. Provide evidence of the project's success in meeting your goal and objectives.
2. Discuss the most successful activities or the most valuable outcome of the project.
3. Describe any special benefits to students, staff, or community.
4. Relate the training provided for staff; include the numbers of staff involved, topics covered, and names of trainers or training agencies.

**FINAL BUDGET (TO BE COMPLETED BY THE APPLICANT)**

	A	B	C	D	E	F	G
	6100 Salaries	6200 Employee Benefits	6300 Purchased Services	6400 Materials & Supplies	6500 Capital Outlay	District Match (10%)	TOTAL A+B+C+ D+E+F
STATE							
MATCH							
TOTAL							

**REQUEST FOR FINAL PAYMENT (TO BE COMPLETED BY THE APPLICANT)**

TOTAL STATE FUNDS EXPENDED	\$
<u>MINUS</u> AMOUNT RECEIVED TO DATE	\$ -
AMOUNT DUE DISTRICT	\$
AMOUNT OF OVERPAYMENT (to be refunded to the Department)	\$

TOTAL PROFESSIONAL DEVELOPMENT EXPENDITURES (Must equal or exceed 25% of Project Total)	\$
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COMMENTS